

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILED DATE

10231672

10-10-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
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50						
TOTAL IND.	9					
TOTAL DEP.	67					
TOTAL CLAIMS	76					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51	/					
52	/					
53	/					
54		3				
55	/					
56	/					
57	/					
58		3				
59		3				
60	/					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						